

TOWNSEND and TOWNSEND and CREW LLP
Two Embarcadero Center, 8th Floor
San Francisco, California 94111-3834
(415) 576-0200

In re application of: Gang Sun and Yuyu Sun

Application No.: 09/535,348

Filed: March 24, 2000

Group Art Unit: 1773

For: N-HALAMINE VINYL COMPOUNDS AND THEIR
POLYMERIC BIOCIDES

THE ASSISTANT COMMISSIONER FOR PATENTS
Washington, D.C. 20231



Attorney Docket No. 18062G-003000US

Client Ref No. UC-2000-341-1

5#

Date: December 18, 2000

I hereby certify that this is being deposited with the United States
Postal Service as first class mail in an envelope addressed to:

Assistant Commissioner for Patents
Washington, D.C. 20231

Signed:

Claudia Chavez
Claudia Chavez

Sir:

Transmitted herewith is a **Substitute Declaration** in the above-identified application.

☒ Attached is a return postcard.

☒ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.

If any extension of time is needed, then this response should be considered a petition therefor.
The filing fee has been calculated as shown below:

	(Col. 1)		(Col. 2)		(Col. 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR		PRESENT EXTRA
TOTAL	*	MINUS	** 20	=	0
INDEP.	*	MINUS	*** 3	=	0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					

SMALL ENTITY

RATE	ADDIT. FEE
x \$9.00 =	\$0.00
x \$40.00 =	\$0.00
+ \$135.00 =	
TOTAL ADDIT. FEE	\$0.00

OR

OTHER THAN
SMALL ENTITY

RATE	ADDIT. FEE
x \$18.00 =	
x \$80.00 =	
+ \$270.00 =	
TOTAL	

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, then write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

☒ No fee is due.

Please charge Deposit Account No. 20-1430 as follows:

☐ Claims fee \$ _____
☒ Any additional fees associated with this paper or during the pendency of this application.

NO extra copies of this sheet are enclosed.

Customer No. 20350

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